

# OLD MUTUAL SUB-AQUA CLUB

## Membership Application Form

Name	_____	Occupation	_____
Res. Address	_____	Bus. Address	_____
	_____		_____
	_____		_____
Post Code	_____	Post Code	_____
Tel (h)	_____	Tel (w)	_____
Tel (cell)	_____	E-mail	_____
Date of Birth	_____	OM Staff Code (If applicable)	_____
ID number	_____		
Contact Person (in case of emergency)	_____		
Relation to Contact Person	_____		
Contact number of Contact Person	_____		

I hereby apply for membership of the Club and agree to abide by its rules and regulations and to assist in furthering its objectives.

I agree that this application, together with the subscriptions detailed overleaf, is accepted without prejudice to the Club's rights to reject this application without assigning any reason for so doing. (In the event of rejection, all moneys paid will be refunded).

I agree that, notwithstanding anything to the contrary, the submission of this application for membership of the Old Mutual SUB-AQUA CLUB shall imply a full and complete understanding of all the hazards - natural, mechanical and physical, associated with underwater activity and the use of the various types of equipment necessary to the sport of diving. Therefore, any loss, injury or death occurring while participating in the Club's activities or in using Club equipment shall be regarded as the normal hazards of the sport and the Club, its Officers, jointly or severally, shall not be held liable for any loss, injury or death that may occur.

1. Have you any diving experience? If so, state nature (including certificates held and their numbers) \_\_\_\_\_  
\_\_\_\_\_
2. What diving equipment do you own? \_\_\_\_\_  
\_\_\_\_\_
3. Will you attend training courses? \_\_\_\_\_
4. Are you a member of any other diving club? If so, provide details \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

PROPOSED BY MEMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SECONDED BY COMMITTEE MEMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_



# OLD MUTUAL SPORTS CLUB

P.O. Box 66 Mutualpark 7451 Tel 021 531 8549 Fax 021 531 8543

Email [admin@omsports.co.za](mailto:admin@omsports.co.za) or [charmain@omsports.co.za](mailto:charmain@omsports.co.za)

[www.omsports.co.za](http://www.omsports.co.za)

## Application for Membership

I	Dr	Mr	Mrs	Miss	(full name)
Residential Address					
Postal Code					
Contact no (Home)			Contact no (Work)		
Email			Mobile No		
hereby apply for membership of the OLD MUTUAL SPORTS CLUB and if accepted agree to abide by its Constitution. I further acknowledge that the utilisation of facilities offered by the OLD MUTUAL SPORTS CLUB shall be at my own risk. To this end I hereby indemnify Old Mutual against all loss, damages, injuries, costs, charges and expenses which I may sustain or incur arising out of, or attributable to my utilising these facilities.					
Date of application			Signature		
Date of Birth			Employer		
ID/Passport Number			Department		
Name/s of Previous Clubs			Sports		
What league / team did you participate in					
State Name and telephone number of the Chairman / Secretary of the last club for which you played					
Name			Telephone Number		
Name/s of Section/s you are joining					
Full Name of Proposer			Signature		
Full Name of Seconder			Signature		
<b>(Proposers and Seconders must be Members of the Old Mutual Sports Club)</b>					
The acceptance of the applicant as a member of the club is subject to one year's probationary period. The Club reserves the right to cancel such membership during the probationary period and the decision shall at all times be final.					
Membership of outside members (as defined in the Constitution) shall also be subject to review on renewal of the annual subscription. The Club reserves the right to cancel such membership at the renewal of the annual subscription period and the decisions shall at all times be final.					
PLEASE NOTE THAT NO APPLICATION WILL BE PROCESSED UNLESS ALL THE DETAILS, AS REQUIRED ABOVE, ARE COMPLETED.					

### FOR SECTION COMMITTEE USE ONLY

\*PLEASE NOTE THAT THE FOLLOWING SECTION HAS TO BE COMPLETED WHEN AN OUTSIDE MEMBER APPLIES FOR MEMBERSHIP.

We, the committee, consider the application suitable of the SPORTS CLUB. We declare that this application was considered by the full committee.

Signature of Committee Member	Date
Signature of Chairperson/Secretary	Date

### FOR SPORTS CLUB USE ONLY

Type of Membership	1	Old Mutual Staff Member	2	Associate Member	3	Spouse Member
	4	Junior	5	Student Member	6	Pensioner
	7	Outside Member				
Name of O.M. Employee	Staff Code of O.M. Employee					
Relationship to O.M. Employee						
ACCOUNT NO	CLUB REFERENCE					